

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Eyeglasses			X	<p>\$1.00 per unit (except for those eyeglasses purchased by the Medicaid program under the volume purchasing arrangement) *</p> <p>* The co-payment is based on the average payment per unit of service for Eyeglasses during the state fiscal year 1993. The average payment is \$12.50.</p>

TN # 94-08

Supersedes

TN# ~~86(10)-02~~ 89(10)-12

Approval 03/03/95

Effective 4/1/94

HGFAID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Specialized Non-Emergency Medical Transportation Service			X	<p>\$1.00 per unit on codes A0130, Z0007 and \$1.00 per line on code Z0008*</p> <p>* The co-payment is based on the cost per service for Specialized Non-Emergency Medical Transportation Services:</p> <p>A0130, non-emergency Transportation; Wheelchair Van - one way - under 16 miles; \$10.06.</p> <p>Z0007, Non-Emergency Transportation; Wheelchair round trip - mileage under 16 miles: \$17.61.</p> <p>Z0008, Non-Emergency transportation; Wheelchair - Mileage over 16 miles: \$.63 per mile.</p>

TN # 94-08.
Supersedes
TN# 86(10)-02 NEW.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

- A. The following charges are imposed on the Qualified Medicare Beneficiaries for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge		Amount and Basis for Determination
	Deduc.	Coins. Copay.	
Chiropractor Services		X	\$1.00 per service *The copayment is based on the average billed charge for unit of service for state fiscal year 1996. The average charge is \$21.82.

TN #97-015
Supersedes (new)

Approval 12/01/97

Effective 7/1/97

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State: Montana

- B. The method used to collect cost sharing charges for categorically needy individuals:
- X Providers are responsible for collecting the cost sharing charges from individuals.
 - ☐ The agency reimburses providers the full Medicaid rate for a service and collects the cost sharing charges from individuals.

- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Medicaid recipients who indicate to the provider that they cannot pay the co-payment at the time the service is provided cannot be refused services because of their inability to pay. However, recipients are liable for the co-payment and are expected to pay the co-payment when they are able to do so.

Providers are informed that they cannot refuse services to a Medicaid recipient solely because of the recipients inability to pay the co-payment. The provider can use any other legal means to collect the co-payment.

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Pregnant Women: The provider identifies the service is being provided to a pregnant woman by entering a code on the claim form. This entry overrides the Medicaid co-payment in the MMIS system.

Institutionalized Individuals: The provider identifies the service is being provided to a nursing home resident or a resident of an ICF-MR by entering a code on the claim form. This entry overrides the Medicaid co-payment in the MMIS system. The MMIS system also identifies nursing home residents or ICF-MR residents through a system review of an established nursing home span.

Individuals Under Age 21: The MMIS system automatically checks the age of the recipient and overrides the Medicaid co-payment for recipients under the age of 21.

HMO Enrollees: Services provided by an enrolled Medicaid Health Maintenance Organization cannot charge Co-Payments to enrollees. This is addressed in our contract with HMO. Services provided outside the HMO can charge Co-Payments to enrollees.

Emergency Services: The provider identifies that the service provided was an emergency by entering a code in the appropriate field on the claim form. This entry will override the Medicaid co-payment.

Family Planning Services and Supplies: The provider identifies the service is for family planning and supplies by entering a code on the claim form. The entry overrides the Medicaid co-payment in the MMIS system.

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Supersedes

TN No. 94-08

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E. Cumulative maximums on charges:

☐ State policy does not provide for cumulative maximums.

☒ Cumulative maximums have been established as described below:

The cumulative maximum co-payment is totaled for each state fiscal year (July 1 through June 30.) The total co-payment per state fiscal year will not exceed:

\$200.00 for a family of one adult
\$400.00 for a family of two adults
\$600.00 for a family of three adults* etc.

*\$200.00 for each additional adult thereafter.

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